PTO/SB/17 (12-04)

NOV 0 3 1005

Effective on 12/08/2004. want to the Consolidated Appropriations Act, 2005 (H.R. 4818).

EE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

OTAL AMOUNT OF PAYMENT	(\$) 800.00
OTAL AMOUNT OF FATMENT	(\$) 600.00

	Complete if Known	/.	
Application Number	10/661,154		
Filing Date	September 12, 2003	_	
First Named Inventor	Innan, Masataka		
Examiner Name	Mike Nguyen		
Art Unit	2182		
Attorney Docket No.	16869K-093800US	-	フ

Date

October 31, 2005

METHOD OF PA	METHOD OF PAYMENT (check all that apply)											
Check	Check Credit Card Money Order Other (please identify):											
	count Depos		•				ount Name: Tov		and Townser	nd and Cre	w LLP	
						reby authorized				<u> </u>	<u> </u>	
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unde WARNING: Informat	rge any addition or 37 CFR 1.16	6 and 1.1	7	lie Cradit as	Info	Cred	dit any overpay	•	Deculde			
information and aut	horization on P	TO-2038	:ome pub	IIC. Credit ca	ra inioi	mation snould in	10t be included	Of this i	orm. Provide d	realt cara		
FEE CALCULAT	rion											
1. BASIC FILIN	G, SEARCH	, AND E	EXAMIN	ATION FE	ES							
		FILING	FEES			RCH FEES Small Entity	EXAMIN					
Application T	<u>ypė</u> <u>[</u>	<u>Sma</u> Fee (\$)				Fee (\$)		mall En Fee (\$		Fees Paid	1 (\$)	
Utility		300	150		500	250	200	100				
Design		200	100		100	50	130	65	=			
Plant		200	100		300	150	160	80	-			
Reissue		300	150		500	250	600	300	-			
Provisional		200	100		0	0	0	0	-			
2. EXCESS CLA					•	•	-	•	-	Sm	nall Entity	
Fee Description											Fee (\$) Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								25				
Each independer Multiple depend		r 3 or, fo	or Reiss	ues, each i	ndepe	ndent claim i	more than in	the ori	ginal patent	t 200 360	100	
Total Claims		ra Claim	ıs	Fee (\$)	Fee	Paid (\$)	Multiple	e Depen	dent Claims		180	
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HP = highest number Indep. Claims		aid for, if g		n 20 Fee (\$)	Eas	Paid (\$)				-		
	-3 or HP =		<u> </u>	\$200 =		800						
HP = highest number	of independent	claims pai	d for, if gre	eater than 3								
3. APPLICATIO												
If the specificat	ion and draw	vings ex	ceed 10	0 sheets o	f pape	r, the applica	ition size fee	due is	\$250 (\$125	for smal	l entity)	
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Total Officets	- 100 =		/ 50 =			(round up to a			Fee (\$)	Fee Pa	<u>IO (\$)</u>	
4 OTHER FEE	-		_								 0	
4. OTHER FEE(S	•		120.5	, II		••				Fees P	<u>aid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)												
Other:												
SUBMITTED BY												
Signature	1	(7	foll		Registration No.		T	elephone	650-326-2	2400	

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Name (Print/Type) | Chun-Pok Leung

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